

12/06/01 3130 U.S. PTO

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PTO/SB/05 (08-00)  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |   |
|------------------------|---|
| Application Number     |   |
| First Inventor         | Jay Keasling                              |
| Title                  | Biosynthesis of Isopentenyl Pyrophosphate |
| Attorney Docket Number | 2000-0007                                 |

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## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

U.S. Patent & Trademark Office  
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- Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 66 pages + Cover]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 5 pages]
- Oath or Declaration [Total Pages 5 pages]
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)
    - DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

- CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable)
  - Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - CD-ROM or CD-R (2 copies); or
    - paper
  - Statements verifying identity of above copies

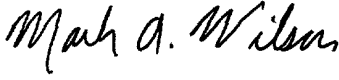
## ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
- English Translation Document (if applicable)
- Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- Other: \_\_\_\_\_

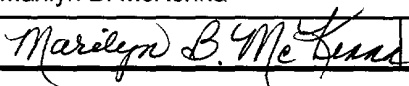
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
Prior application information: Examiner: \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| 18. CORRESPONDENCE ADDRESS                                 |   |   |                                   |   |                |
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| Name   | Mark A. Wilson  |   |                                   |   |                |
| Address  | REED & ASSOCIATES   |   |                                   |   |                |
|  | 800 Menlo Avenue, Suite 210   |   |                                   |   |                |
| City   | Menlo Park  | State   | CA                                | Zip Code  | 94025          |
| Country  | USA   | Telephone   | (650) 330-0900                    | Fax   | (650) 330-0980 |
| Name (Print/Type)  | Mark A. Wilson  |   | Registration No. (Attorney/Agent) |   | 43,275         |
| Signature  |  |   |                                   | Date  | 12-06-01       |

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| Name of Person Mailing Paper or Fee(Print/Type)  | Marilyn B. McKenna  |                 |          |
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| FEE TRANSMITTAL  |                    |                           |                  | Complete if Known  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|--|--------------------|---------------------------|------------------|--|------------------|------------------|------------------|-----------------|--------------|--------------------|---------------------------|-----------------|---------|------------------------|---------|-----|-----|-------------------------------------|-----|-----------------------------------|----|------|-------|--|-----|--------------------------|-----|-----|-----|---------------------------|-----|---|-------|-----|-------|--|----|--|------|--------------|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|
| <p style="text-align: center;">Note: Effective October 1, 1997.<br/>Patent fees are subject to annual revision.</p>  |                    |                           |                  | Application Number   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           |                  | Filing Date  |                  | Filed Herewith   |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           |                  | First Named Inventor   |                  | Jay Keasling     |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           |                  | Group Art Unit   |                  | Not Assigned Yet |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           |                  | Examiner Name  |                  | Not Assigned Yet |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT  |                    | \$856                     |                  | Attorney Docket Number   |                  | 2000-0007        |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| METHOD OF PAYMENT (check one)  |                    |                           |                  | FEE CALCULATION (continued)  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <p>1. <input type="checkbox"/> The commissioner is hereby authorized to charge any additional fees and credit any overpayments to:</p> <p>Deposit Account No.: _____</p> <p>Deposit Account Name: REED &amp; ASSOCIATES</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>  |                    |                           |                  | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Larg e Fee Code</th> <th style="text-align: left;">Entit y Fee</th> <th style="text-align: left;">Small Fee Code</th> <th style="text-align: left;">Entit y Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>180</td><td>Submissions of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> |                  |                  |                  | Larg e Fee Code | Entit y Fee  | Small Fee Code     | Entit y Fee               | Fee Description | Fee Due | 105                    | 130     | 205 | 65  | Surcharge - late filing fee or oath |     | 127                               | 50 | 227  | 25    | Surcharge - late provisional filing fee or cover sheet |     | 139                      | 130 | 139 | 130 | Non-English specification |     | 147   | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112  | 920* | 112          | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 180 | Submissions of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |
|  |                    |                           |                  | Larg e Fee Code  | Entit y Fee      | Small Fee Code   | Entit y Fee      | Fee Description | Fee Due      |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 105  | 130                | 205                       | 65               | Surcharge - late filing fee or oath  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 127  | 50                 | 227                       | 25               | Surcharge - late provisional filing fee or cover sheet   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 139  | 130                | 139                       | 130              | Non-English specification  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 147  | 2,520              | 147                       | 2,520            | For filing a request for reexamination   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 112  | 920*               | 112                       | 920*             | Requesting publication of SIR prior to Examiner action   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 113  | 1,840*             | 113                       | 1,840*           | Requesting publication of SIR after Examiner action  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 115  | 110                | 215                       | 55               | Extension for reply within first month   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 116  | 400                | 216                       | 200              | Extension for reply within second month  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 117  | 920                | 217                       | 460              | Extension for reply within third month   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 118  | 1,440              | 218                       | 720              | Extension for reply within fourth month  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 128  | 1,960              | 228                       | 980              | Extension for reply within fifth month   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 119  | 320                | 219                       | 160              | Notice of Appeal   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 120  | 320                | 220                       | 160              | Filing a brief in support of an appeal   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 121  | 280                | 221                       | 140              | Request for oral hearing   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 138  | 1,510              | 138                       | 1,510            | Petition to institute a public use proceeding  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 140  | 110                | 240                       | 55               | Petition to revive - unavoidable   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 141  | 1,280              | 241                       | 640              | Petition to revive - unintentional   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 142  | 1,280              | 242                       | 640              | Utility issue fee (or reissue)   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 143  | 460                | 243                       | 230              | Design issue fee   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 144  | 620                | 244                       | 310              | Plant issue fee  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 122  | 130                | 122                       | 130              | Petitions to the Commissioner  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 123  | 50                 | 123                       | 50               | Petitions related to provisional applications  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 126  | 240                | 126                       | 180              | Submissions of Information Disclosure Stmt   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 581  | 40                 | 581                       | 40               | Recording each patent assignment per property (times number of properties)   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 146  | 740                | 246                       | 370              | Filing a submission after final rejection (37 CFR 1.129(a))  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 149  | 740                | 249                       | 370              | For each additional invention to be examined (37 CFR 1.129(b))   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |                    |                           |                  |  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |                    |                           |                  |  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| FEE CALCULATION  |                    |                           |                  |  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <p>1. FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Fee Code</th> <th style="text-align: left;">Entit y Fee (\$)</th> <th style="text-align: left;">Small Fee Code</th> <th style="text-align: left;">Entit y Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>\$370</td></tr> <tr><td>102</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>104</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>109</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>110</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td>\$370</td></tr> </tbody> </table>   |                    |                           |                  | Large Fee Code   | Entit y Fee (\$) | Small Fee Code   | Entit y Fee (\$) | Fee Description | Fee Due      | 101                | 740                       | 201             | 370     | Utility filing fee     | \$370   | 102 | 330 | 206                                 | 165 | Design filing fee                 |    | 104  | 510   | 207  | 255 | Plant filing fee         |     | 109 | 740 | 208                       | 370 | Reissue filing fee                              |       | 110 | 150   | 214                                    | 75 | Provisional filing fee                               |      | SUBTOTAL (1) |      |  |  |     | \$370  |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Large Fee Code   | Entit y Fee (\$)   | Small Fee Code            | Entit y Fee (\$) | Fee Description  | Fee Due          |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 101  | 740                | 201                       | 370              | Utility filing fee   | \$370            |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 102  | 330                | 206                       | 165              | Design filing fee  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 104  | 510                | 207                       | 255              | Plant filing fee   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 109  | 740                | 208                       | 370              | Reissue filing fee   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 110  | 150                | 214                       | 75               | Provisional filing fee   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| SUBTOTAL (1)   |                    |                           |                  |  | \$370            |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <p>2. CLAIMS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Fee from</th> <th style="text-align: left;">Fee Due</th> </tr> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Independent Claims</th> <th style="text-align: left;">Multiple Dependent Claims</th> <th style="text-align: left;">Extra below</th> <th></th> </tr> </thead> <tbody> <tr> <td>60 - 20 =</td> <td>6 - 3 =</td> <td></td> <td>X 9</td> <td>\$360</td> </tr> <tr> <td></td> <td></td> <td></td> <td>X 42</td> <td>\$126</td> </tr> </tbody> </table>   |                    |                           |                  | Fee from   |                  |                  |                  | Fee Due         | Total Claims | Independent Claims | Multiple Dependent Claims | Extra below     |         | 60 - 20 =              | 6 - 3 = |     | X 9 | \$360                               |     |                                   |    | X 42 | \$126 |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Fee from   |                    |                           |                  | Fee Due  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Total Claims   | Independent Claims | Multiple Dependent Claims | Extra below      |  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 60 - 20 =  | 6 - 3 =            |                           | X 9              | \$360  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           | X 42             | \$126  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Fee Code</th> <th style="text-align: left;">Entit y Fee (\$)</th> <th style="text-align: left;">Small Fee Code</th> <th style="text-align: left;">Entit y Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent Claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple Dependent Claim</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>\$486</td></tr> </tbody> </table> |                    |                           |                  | Large Fee Code   | Entit y Fee (\$) | Small Fee Code   | Entit y Fee (\$) | Fee Description | Fee Due      | 103                | 18                        | 203             | 9       | Claims in excess of 20 |         | 102 | 84  | 202                                 | 42  | Independent Claims in excess of 3 |    | 104  | 280   | 204  | 140 | Multiple Dependent Claim |     | 109 | 84  | 209                       | 42  | Reissue independent claims over original patent |       | 110 | 18    | 210                                    | 9  | Reissue claims in excess of and over original patent |      | SUBTOTAL (2) |      |  |  |     | \$486  |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Large Fee Code   | Entit y Fee (\$)   | Small Fee Code            | Entit y Fee (\$) | Fee Description  | Fee Due          |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 103  | 18                 | 203                       | 9                | Claims in excess of 20   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 102  | 84                 | 202                       | 42               | Independent Claims in excess of 3  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 104  | 280                | 204                       | 140              | Multiple Dependent Claim   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 109  | 84                 | 209                       | 42               | Reissue independent claims over original patent  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 110  | 18                 | 210                       | 9                | Reissue claims in excess of and over original patent   |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| SUBTOTAL (2)   |                    |                           |                  |  | \$486            |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           |                  | SUBTOTAL (3) \$  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Typed or Printed Name  |                    | Mark A. Wilson            |                  | Reg. Number  |                  | 43,275           |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Signature  |                    | <u>Mark A. Wilson</u>     |                  | Date   |                  | 12-06-01         |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|  |                    |                           |                  | Deposit Account  |                  |                  |                  |                 |              |                    |                           |                 |         |                        |         |     |     |                                     |     |                                   |    |      |       |  |     |                          |     |     |     |                           |     |   |       |     |       |  |    |  |      |              |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |